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Workforce diversity and conflicts in care work: managers' perspectives

Keywords

Social Care, Workforce, Management, Ethnicity, Race

Abstract

The care workforce in England is ethnically diverse yet little is known of how social care managers manage this aspect of human resources work. This article reports findings of a longitudinal study of the care workforce in four different parts of England to offer insights into managers' views of staff demographic profiles, relationships, and management challenges and strategies. Three themes emerged from the analysis: sources of conflict; reactive approaches to limiting conflict; and, proactive approaches to preventing and limiting conflict. The study findings have implications for human resource management and the creation of supportive staff relationships within care work and for other countries where ethnic diversity is characteristic of the care workforce.

Introduction

An estimated 1.34 million jobs are in the adult social care sector in England (excluding people directly employed by care users and the National Health Service) (National Audit Office 2018) and its workforce diversity takes many forms. The sector is largely female, many of its staff work part-time, and are poorly paid (Kingsmill 2014). However, in contrast to this homogeneity in gender and remuneration, its employees are ethnically diverse, partly because migrant labour is a prominent recruitment source. There are also variations in the proportions of British black and minority ethnic (BME) and migrant workers in social care by English region (Franklin and Brancati 2015). At 39%, London has particularly high levels of minority ethnic staff working in care services compared with an average of 16% in other areas of England (Skills for Care 2017). In addition to European Union (EU) care workers in England, who numbered about 90,000 in 2017 (House of Commons Health Committee 2017), an estimated 191,000 non-EU migrants are employed in social care in

England and these are from many parts of the world (Franklin and Brancati 2015). At the same time, the proportion of British people from black and minority ethnic backgrounds engaging in care work (Hussein et al. 2014) generally reflects the population.

In contrast to this diverse workforce, comparatively few current care home residents are from black and minority ethnic groups (although this is projected to increase) and there are accounts both of black and minority ethnic staff being on the receiving end of racism from white residents and of residents from minority ethnic groups struggling to ensure that their cultural and religious needs are being met in environments in which they may be the only person from a particular ethnic group (Manthorpe et al. 2010; Badger et al 2012). It is in this context that the question arises of how social care managers are addressing workforce diversity and any conflicts or tensions arising from it along national, ethnic, racial and migration lines.

Workforce diversity is a subject of interest in many parts of the labour market (Fine 1996), ranging from IT workers in India (Patrick and Kumar 2012) to the UK construction and hospitality industries (McKay 2009). However, despite its potential salience for the care sector in England, managing workforce diversity is often overlooked or referred to only obliquely. The aim of this article is to address this gap in knowledge by reporting on interviews with social care managers and discussing managerial views about and responses to workforce diversity in respect of race and ethnicity.

Background

The ethnic diversity of staff working in care services is widely reported in many parts of the developed and developing world (Doyle and Timonen 2009, Kiata et al 2005). It has been a

feature of many long-stay care facilities for several decades, as shown in Foner's (1994) ethnographic study of a United States (US) nursing home which contained accounts of her participant observations amid highly diverse staff groups. These included her perceptions of the risk of 'racial and ethnic cleavages' (p38) in frontline care work.

Purnell (1999) also drew attention to ethnic diversity within the US long-term care sector but focused on the implications for management and leadership. He found that managers in the long-term care sector spent more time on conflict resolution and workforce diversity management than their counterparts in acute health care settings. He suggested one reason for this was that long-term care workers were more likely to be from socio-economically deprived groups and that there were stark contrasts between a direct care workforce that mainly consisted of people from black and minority ethnic groups and a leadership that was almost overwhelmingly white.

Since then, there has been a steady increase in the number of studies of leadership and management in long term care (Donoghue and Castle 2009; Castle and Decker 2011) some of which have utilised the Bonoma-Slevin leadership model (Slevin 1989) to analyse leadership styles. This categorises managers into one of four different types of leader based upon the amount of participation in decision making that managers exchanged and the extent to which they utilised the input they received. The first leadership type, 'consensus managers', sought input from the work group and allowed the work group's input to influence decision making. The second, 'consultative autocrat', also sought input but made all the important decisions on their own. The third, 'autocrats' did not seek any input and made all the decisions on their own. The final category, 'shareholder managers' not only failed to solicit input from the staff on decision making but also neglected to share

important information with staff that would enable them to make better decisions on their own.

Managing staff in a long-term care facility is also often described using the metaphor of the family, with many frontline care staff valuing affective relationships with residents (see Dodson and Zincavage 2007) and managers encouraging a family-like ethos to promote employee quality, cohesion, and motivation (Manthorpe et al. 2018; Johnson 2015).

However, the substantial literature on racism experienced by minority ethnic frontline care staff, at times experienced from managers, colleagues, residents and their families both directly and structurally (Näre 2013, Olakivi 2013, Rodriquez 2011, Ryosho 2011, Stevens et al 2012) appears to challenge the family metaphor and suggests that one of a manager's many tasks may be to address the potential for conflict and distress. Despite this, such situations tend only to be addressed indirectly within the literature, for example, through references to the need to create a 'positive workplace culture' (Jeon et al 2010: 57) or the links between a 'consensus manager leadership style' and better quality indicators (Castle and Decker 2011: 638). Thus, while equality and diversity within the workforce are presented as essential factors in delivering services that are fair and accessible and while links are made between equality for staff working in services and quality of care (Care Quality Commission 2016), the processes needed to achieve this state or what happens in settings where inequalities remain unresolved are less often discussed. However, in England the role of the social care manager is not widely understood and research on it has been limited (Orellana 2014).

One reason for this is that the long-term care sector for older people in England is now largely commercially provided, with a range of care providers spanning very large

corporations to small family owned and run care facilities. There are 14,432 registered social care managers working largely in care homes (including nursing homes) and home care services. In contrast to the burgeoning literature on migrant care workers, much less is known about the backgrounds of those who manage these services beyond that most (84%) are female, with 20 per cent from black and ethnic minority backgrounds (Orellana 2014).

As Burton (2013: 438) pointed out, care homes are characterised by:

...complex social networks and relationships, and the rich mixture of positive and negative experience brought by residents and staff as individuals and groups, and swirling around a system of roles, authority, responsibilities, task, process, boundary and environment, within which the home must operate.

The aim of this article is to explore how managers of social care organisations define and report on the nature of their managerial tasks related to workforce diversity, specifically in respect of race and ethnicity using the concept of interest convergence developed by the theorist Derrick Bell (1980). He argued that that black people achieved civil rights victories only when white and black interests converged. In this article, we suggest that managers are primarily concerned with addressing workforce diversity when they perceive it to be directly contributing to – or compromising - quality of care in the workplace. Within such environments theories of structured empowerment may help to explain how managers may or may not promote a workplace within which all employees feel engaged and committed to their jobs (Kanter 1979), and we discuss the extent to which managers act proactively in creating diverse organisations, using models of leadership as appropriate. Other strands of this research, the Longitudinal Care Work Study, have reported separately on these

managers' recruitment practices (Manthorpe et al. 2018); this article aims to add to the limited body of research addressing ways in which managers seek to achieve diversity and equality within the workplace.

Methods

This article reports secondary analysis of a large data set of interviews with managers, as part of the Longitudinal Care Work study funded by the Department of Health and Social Care. Interviews took place in four contrasting English local authority areas (varying by size, geography, ethnicity, un/employment, urban/rural characteristics). One site had a very different ethnic profile, compared with the other three, with a minority (49%) of its local population being White, compared with over 85% in all other sites (Office for National Statistics 2016). The overall study aims to increase understanding of the factors that facilitate or constrain recruitment and retention in the adult social care workforce in England, which accounts for over 1.58 million jobs (Skills for Care 2017). Started in 2008, the study consists of a longitudinal panel survey of a sample of social care providers and their workforces and interviews at different time points with social care employees, managers, and people using care services and their family carers (see Manthorpe et al. 2016).

A total of 240 interviews with social care practitioners (frontline staff including home care workers, day centre staff and care home workers) including 121 managers (home care and care home senior staff with managerial responsibilities, almost all holding Registered Manager status as required by the regulator) were undertaken at Time 1 (T1) (2009-2012) and Time 2 (T2) (2011-2014). (A third and final round of interviews with managers (n=60) and staff (n=60) is currently (2015-2018) being undertaken.) We provided information

sheets and an explanation of the study to all participants and, after obtaining informed consent, confidential semi-structured face to face interviews explored participants' perceptions of their roles and activities (see Manthorpe and Harris 2014). In the data reported below identifying features have been removed from the illustrative quotations of participants, organisations and the research sites, however we have included the participants' own ethnicity with their consent.

Almost all interviews were audio recorded (with participants' permissions), transcribed and the transcripts entered into NVivo to assist with thematic analysis. If permission to record was not granted, full notes were taken, and the notes also imported into NVivo. This permits specific exploration of subjects that were central to the design of the interview schedules and the study's aims and objectives. However, as Heaton (2004) observes, large data sets often lend themselves to further enquiry, to address matters that are newly arising or to investigate topics that were not originally prioritised for analysis. In light of the continuing interest in labour market migration in social care, it was decided to interrogate the (anonymised) interview dataset to investigate specifically how managers (n=121) were approaching workforce diversity, drawing in the main on their replies to the interview questions focussing on their staff's demographic profiles, staff relationships and management challenges, and any strategies they might employ in managing potential or actual problems. Themes, both overarching and sub-themes, from the coded transcripts were determined where they 'captured something important in relation to the research questions' (Braun and Clarke 2006: 77). This article reports the results our analysis and discusses the implications of managing workforce diversity in respect of race and ethnicity in care work. Ethical permissions were received from King's College London and research

governance approval was provided by the participating four local authorities. As part of the ethical approvals the limits of confidentiality were acknowledged in information to participants in that if there were concerns about adult safeguarding (abuse or neglect of residents) these would be raised with the relevant authorities by the research team. All data analysed and reported here were collected prior to the UK referendum on 23 June 2016 on staying or leaving the EU; the vote being to leave (a move often referred to as Brexit).

Findings

Managers' talk of workforce diversity in relation to ethnicity and race varied. Almost all care homes in this sample employed at least some British minority ethnic or migrant care workers. However, there were wide variations within this, ranging from those who reported 'super-diversity' (Meissner and Vertovec 2015) among the staff group, citing staff being from several different continents, different religious and ethnic groups, and with different migration histories (eg Black British/African or recent refugee groups with permissions to work to those where there were very few staff from minority ethnic groups). These three illustrative extracts indicate this range:

I don't think I've ever had a White British apply for a job.

(Care Home Manager, Asian Indian)

The agency does specifically recruit the Gujarati speaking carers to meet the needs of those clients who often don't speak English.

(Home Care Agency Manager, White Irish)

It's just that [a diverse workforce] doesn't happen, apart from one. We've got a Filipino lady. She's wonderful. She's been here five years.

(Care Home Manager, White English)

We identified a spectrum of opinions and experiences among the managers. Most described workforce diversity as a matter of individual differences that could be accommodated within a general family-like workplace culture (resolution) although some reported tensions that seemingly taxed their managerial skills or experiences. One manager was an exception and reported drawing on managerial theory-based training but others who did not know of this approach reported constructing a similar approach by themselves. Three overarching themes emerged from the analysis and these are discussed below. First, 'sources of conflict', identified communication problems as being the source of many conflicts. Second, 'reactive approaches to limiting conflict', describes reactive responses to conflict. Third, 'proactive management of conflict' involves more proactive measures taken to manage or prevent conflict, often affecting the whole care home or home care agency.

Sources of conflict

Several participants reported that overt racism from residents towards staff was less common than in the past – although it had not been entirely eradicated. Having staff members who were fluent in languages other than English could be interpreted as an example of interest convergence because it outwardly demonstrated that the organisation could meet the needs of a diverse range of service users:

And I have only 15% of my staff who are British born so the other 85% come from all corners of the world ... it's helpful because ... we always find

somebody on staff that ... can communicate very well if the patient is not very fluent in English.

(Care Home Manager, White British)

However, interpersonal communication between staff and residents was also something that required sensitivity. For example, if a member of staff lacked fluency in English or spoke it with a strong accent, this had to be taken up if it was thought it might give rise to complaints, particularly if people with hearing or communication difficulties found it hard to understand what was being said to them. Another example given by more than one manager was the perception that speech volume or speaking style (for example, perceptions of 'shouting') might be seen as rude or abusive. By framing these as 'misunderstandings' or 'miscommunication', the managers appeared to suggest they were resolvable; that it was a matter of everyone recognising that individuals could have different communication styles:

Interviewer: Someone had got someone else's back up had they?

Manager: Yes, I think the message came out quite rudely. It was a second occasion that it's happened. I think they developed a misunderstanding of each other or misunderstanding of each other's cultures. I think cultures do clash sometimes and how people express themselves and how they don't always see themselves as being rude. But the person that's received the message thinks it's rude. It's learning about how do you recognise that in yourself? That's very cultural. I come across that a lot.

(Care Home Manager, White English)

Another care home proprietor further described how cultural differences in communication style had the potential for creating conflicts between staff. Using the Castle and Decker typology of management mentioned in the background section of this present article, her descriptions of the role she adopted resembled that of a 'consultative autocrat':

...the Asian girls would feel the Caribbean girls speak too loudly and they are being offensive. Whereas the Caribbeans would say, 'Well, that's how we speak, that's our nature' ... I would get in the middle and say, 'Well, you know, to someone else that might be offensive. You've got to not speak that way'.

(Care Home Manager, Asian Indian)

Several managers identified a third potential source of conflict if 'cliques' emerged between groups of staff from different cultures or ethnicities. As we discuss below, managers often sought to control such cliques in ways that sometimes failed to acknowledge how their own unconscious stereotyping might influence their perceptions:

We have people from all over the world really working here, Polish, Filipinos, Irish, Americans, English, Africans... They mostly get on very well, but you do tend to get cliques of nationalities, like the Polish tend to band together and Filipinos do the same.

(Care Home Manager, White English)

Reactive approaches to conflict

Managers discussed reactive responses to resolve some immediate conflicts, which with delicate probing, were viewed as arising from the diversity of the staff group. Some

managers reported great efforts to resolve particular problems among the staff group, taking different managerial approaches that reflected the Castle and Decker typology. One consensus manager, for example, described himself in his first interview as being 'very aware' of such issues, possibly from his own experience from an Indian background. He considered that what might be seen as 'personality conflicts' were a matter of people's different backgrounds and referred to this as meaning their ethnic or racial diversity. Such conflicts, he reported could generally be 'sorted out' in team meetings where care workers were able to voice their concerns:

We live in a cosmopolitan society where people from different, you know, blacks, whites, Asians work as a team. I think it is sometimes inevitable to avoid that type of personality conflict by talking to them and you know coming up with ideas and ways to continue to work.

(Care Home Manager, Asian Indian)

Two years subsequently, the same manager was re-interviewed and described his strategies for managing these conflicts, still focusing on a reactive approach to conflict resolution:

As a manager my response is to try to identify those conflicts and problems and resolve it as soon as I can through supervision and further training.

By contrast, another manager interviewed in the third round had less faith in consensual approaches, seeking to avoid a staff team with 'too many' people of one ethnic group or nationality:

Well, I mean in this particular place, I think 'cos we don't want to get too many people of one kind of race, you know, whatever, because then it would become a bit difficult to manage, in my opinion anyway.

(Manager, White Other, Eastern European)

Such comments are, of course, not in accordance with legislation outlawing racial discrimination (and any other type of discrimination based on a person's 'protected characteristics', such as gender or religion as covered in the Equality Act 2010).

Nevertheless, research on 'cultural matching' – recruitment practices based on assumptions about how prospective employees 'will fit in' (Rivera 2012) demonstrates the persistence of discrimination. So too does research on the persistence of 'ethnic penalties' - the difference in employment rates and earnings between people from minority ethnic groups and their white counterparts after controlling for other factors such as age and educational attainment (Corlett 2017). Indeed, race discrimination claims have the lowest success rate in employment tribunals (Renton 2013).

Proactive management of potential conflict

While 'managing' or resolving individual problems was often how the managers described their activity, some provided more detail of preventative approaches, such as avoiding 'splits' developing and being proactive when tensions seemed to be on the rise. Several managers described how varying the roster (rota of shifts) had helped avoid conflicts and 'splits' between sub-groups of staff with different nationalities and ethnicities (as described in the section on 'Sources of conflict'), was a further way of proactively managing potential conflict. This manager reported that such an approach had reduced the risk of nationality or ethnic splits developing among the staff team:

We try and resolve that by moving people around and not putting them to work together. We separate them.

(Care Home Manager, White English)

Another assistant manager acknowledged that while language differences between himself and his staff were among the biggest problems he had experienced in recent years, he felt that he could cope with this. He had learned some of his staff's languages to better communicate with them, as one proactive measure. He also described how training had been used to foster an inclusive culture within the staff team:

It's been good. Everybody has their own differences, but we try to inculcate in them in mixed culture. We train them in ethnic inclusion in our induction programme.

(Home Care Agency Manager, Black African)

This approach to managing relationships was illustrated by other proactive managerial actions to prevent disharmony and to celebrate diversity, stressing how staff diversity was valued and that staff were all part of a 'global family' within a local care home:

It is a very big home, it's difficult to do that all the time very well, but we do the best that we can to support each other. We like to celebrate. We're a huge multicultural home, so we like to celebrate different cultures and learn about each other's' cultures so that we can help understand each other. So we have pretty good relationships all round.

(Care Home Manager, White English)

While many managers reported managing diversity through such whole home approaches,

some reported incidents that were particularly challenging, among which inter-racial conflicts seemed particularly hard to address successfully. Such instances were not common and were only experienced in the site with highest levels of diversity:

Manager: It's not a perfect world. And we get incidents. And of course, we get a bit of interracial incidents which we manage quite well; it's very rare.

Interviewer: Among the staff?

Manager: Well, it's the African tribes really that fight each other. And there's not much love lost between the African and the Caribbean staff. Now, on the whole we manage it, very rare that you see but occasionally underneath you know that there's a diversity there that needs to be managed.

(Care Home Manager, White English)

Only one manager spoke of receiving support from anyone to help her with such challenges. In this case the manager had undertaken a course provided by the sector skills training body (Skills for Care) that appeared to have drawn heavily on the work of Fons Trompenaars and James Hampden-Turner (experts in the field of organisational or business change and culture whose work is now part of an international business consultancy, KPMG, www.thtconsulting.com) in which workforce or cultural diversity was firmly addressed:

...it was 10 months, but there was so much in it and managing a diverse workforce was one of the things that we looked at.... What I learned from this course was really, really good. It was how to pull the team together and to refocus on what the job was. We used the thing called the 'Three Rs'. It's 'Recognize, Respect, and Reconciliation'....It's trying to meet the

needs of everybody. We're very worthy, aren't we? We've got to be PC (politically correct) to everybody. We've got to meet the needs of everybody. This is a new staff and everybody has got rights and everything else. We tried to give everybody high days and holidays off and if they wanted to pray three times a day or they wanted to do this, we have to do it. But, you have to say what we're here for.

(Care Home Manager, White English)

However, this acknowledgement of the value of training was rare, more often there was a common perception that care home managers learned their skills on the job, and that training often felt too removed from their real world to be useful or relevant. Such a view was expressed by one Clinical Director and Registered Manager who described her own experience:

Manager: We've got lots of different cultures here. African culture and Caribbean cultures are very different. You learn which groups of people get on well with each other and which groups of people don't and how those cultures clash. I think that's just something that you learn through experience. Nobody can train you about that.

Interviewer: You think it depends more on the experience you get than training?

Manager: I think so. That's how I feel we all learn differently with different techniques. I learned by experience. That's the way that I've learned over the years.

(Care Home Manager, White English)

Discussion

Wrede and Nare (2013: 57) have argued that the organisation of care work '*needs to be examined in specific localities, taking into consideration both the travel of ideas and the activities of the people with whom they travel, the reshaping of practices and the experiences of people affected*'. Our findings support such arguments in that participants in this study similarly presented their accounts of considering the implications of workforce diversity, especially the diversity of staff groups containing migrant workers. Being able to recruit migrant workers in their '*specific localities*' enabled them to staff their businesses and minimise recruitment and retention problems, whilst requiring awareness of the need to reduce real or actual staff conflict in order to promote improved staff cohesion. In this sense, workforce diversity was essentially a means to an end and *reshaped some of their practices* and ideas. The strategies they deployed, with one exception, were approaches they had accumulated when managing a workforce where problems had emerged over work and communication practices and the risks of 'cliques' developing; a sense that *ideas were travelling* across time. The particular challenge to this steady accumulation of experience was when 'misunderstandings' could give rise to major problems such as accusations of 'shouting at residents' and conflict over styles of resident care. Such problems could move beyond the care home if they were observed by external visitors, carrying risks to reputation and regulatory status. For example, Marsland et al. (2012) suggested that an early indicator of concern in care homes may be that members of staff are shouting at residents. As noted in the Serious Case Review into events at the Orchid View Care Home, there was no evidence that the care home corporate owner (Southern

Cross) had equipped the manager with skills to address problems arising from the workforce diversity:

Where there are specific needs to be addressed among care staff such as in cultural understanding, communication and language difficulties, there are evidenced processes to mitigate any possible diminution in the quality of care offered as these needs are addressed.

(West Sussex Safeguarding Adults Board 2014: 87)

The one manager in our study who reported training that was helpful had found for herself a training programme that suited her managerial imperatives and gave her a structure for minimising risks. Elements of this training were nonetheless evident among the skills repertoire of other managers who voiced many of the same tactics in a framework of their human resource practices.

These data provide a glimpse into the activities of care home managers that are not generally evident. The interview data collected over two/three time-points does not reveal any greater resources becoming available to the managers, despite their common concerns. Indeed, the training programme reported by the outlier manager that was offered through the national sector skills organisation, is currently (2018) not available through this body. The main change over time was the broader composition of the groups employed in the sector with a shift (due to changes in immigration controls in the UK restricting non-UK migration) to employing EU migrants rather than non-EU staff (Moriarty, Manthorpe and Harris 2018). (Post Brexit this may be reversed.) This study further offers insight into managers' human resource work which remains largely in the shadows unless it surfaces in the reports of enquiries such as Adult Serious Case Reviews (now Safeguarding Adults

Reviews under the Care Act 2014) following investigations about possible abuse or similar scandal-related descriptions (Manthorpe and Martineau 2017). As the National Skills Academy for Social Care's (2012) survey found, 'soft skills', including managing people and negotiating skills were the second most commonly identified desired area for development amongst registered managers.

There are several limitations of this study, including the reliance on managers' own reports of their activities and the potential for bias that this creates. Several accounts from the frontline of care work present a wider picture of managers feeling ineffectual (from their perspective) in managing staff conflict and diverse – and sometimes potentially stereotyped - attitudes to different ethnic groups and care home residents (for example, Jervis 2002).

Further research would be valuable in exploring what is effective human resource management when managing highly ethnically diverse staff groups, including those where the majority are UK born and from different ethnic groups, and those where the care workforce is predominantly migrants from diverse ethnic backgrounds. The value of research exploring if there are different dynamics and good human resource practice in areas of high and multiple ethnic or migration populations compared with areas of lower diversity is also suggested by the findings reported in this article.

The care sector has the potential to provide great insights into the management of workforce diversity that may inform other employment sectors. In particular it may be able to provide authentic experience of what works well in addressing potential problems and how to maximise diversity's benefits. This potential appears curiously under-tapped, still less theorised, in contrast to interventions in health settings such as hospitals (Spence Laschinger et al 2012). There is also potential to apply the typology developed by Castle and

Decker (2011) of long-term care facilities' managers and directors of nursing in the US to the UK and to other care contexts where managers' roles may be more diverse and the post of director of nursing is not commonly found. As found by Dwyer's (2011) systematic review of nurse leadership in long-term care facilities, many of these managers reported a lack of specific education focussing on clinical leadership and health team management. This may also apply in social care. Further research is needed into the effectiveness or otherwise of the strategies reported by the managers in this study to prevent problems arising and to address them when they do occur.

Conclusions

This study identified a spectrum of opinions and experiences among managers about managing workforce diversity along ethnic or racial lines in care work. That they were familiar with this reflects the diversity of the sector. Most managers described workforce diversity as a matter of addressing individual or group differences that could be accommodated within a general family-like workplace culture (resolution), using both reactive and proactive strategies, including selective recruitment and adjusting staff rotas. However, some reported tensions that seemingly taxed their managerial skills or experiences. Only one reported drawing on managerial theory-based training but others who did not know of this reported constructing a similar approach themselves. Such approaches reflect other aspects of managers' roles which appear to be very much self-determined in the UK care sector. This article therefore contributes to the small but growing interest in their work and roles of managers of care services and presents a picture of managing workforce diversity in this sizeable sector of the UK labour force. Finally, data

were collected prior to the UK referendum and thus provide a potential baseline for future researchers seeking to assess some of the impact of the Brexit decision on care services.

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